

744 P Street  
Sacramento 95814  
800-952-5253

Case No. \_\_\_\_\_

District Office \_\_\_\_\_

Case Worker \_\_\_\_\_

Social Security # \_\_\_\_\_

**Request for State Hearing  
Before the  
State Department of Social Services**

The Welfare and Institutions Code requires that a request for a state hearing before the State Department of Social Services shall be made within 90 days after the action with which the applicant or recipient is dissatisfied (Section 10951).

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I, \_\_\_\_\_ living at  
(Name)

\_\_\_\_\_  
(Address)

Home

Work

\_\_\_\_\_  
(Phone)

hereby request a state hearing before the State Department of Social Services from the action taken by \_\_\_\_\_

\_\_\_\_\_  
County regarding my applicationfor or receipt of \_\_\_\_\_  
(Assistance Program)

The reasons for my request for a state hearing are as follows: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signed \_\_\_\_\_ on \_\_\_\_\_  
(Date)